

Consultation Request/Referral Form for MGH ECT

Please complete this form and email or fax with any questions to:

Email: mghect@mg.harvard.edu

Phone: 617-726-2990

Fax: 617-726-6604

Patient Name:

Patient Date of Birth:

Patient Phone number:

Patient email:

MGH Medical Record Number:

Please ensure the patient being referred has an updated Medical Record Number at MGH. This can be done by calling the Patient Service Center at 866-211-6588

Referring Psychiatrist/Provider:

Other Providers Involved in Longitudinal Care:

Psychiatric Diagnoses:

Reason for Referral and Symptoms:

Current Medications and Doses (Including All Supplements):

Past Medication Trials (Please add doses and duration, if known):

Clinician Name

Clinician Signature

Date